

4 YEAR COMMONWEALTH OF VIRGINIA - STATE CORPORATION COMMISSION

83

ANNUAL REPORT

CHARTER NUMBER

100738-4

DO NOT MAKE ANY CHANGES IN THIS BOX. READ CHECK LIST.

READ THE INSTRUCTIONS ON THE BACK OF THIS FORM BEFORE FILLING OUT.
PLEASE TYPE OR PRINT IN BLACK INK.

4. STATE OF INCORPORATION Virginia

(IF OTHER THAN VIRGINIA, GIVE ADDRESS OF PRINCIPAL OR REGISTERED OFFICE IN THE STATE OF INCORPORATION.)

STREET N/A

CITY, STATE-ZIP

5. CITY OR COUNTY (IN VIRGINIA) WHERE REGISTERED OFFICE
IS LOCATED. Fairfax County

IN VIRGINIA NO PLACE CAN BE BOTH IN A CITY AND A COUNTY. IF IN DOUBT CHECK YOUR CHARTER.

EMPLOYEE ACTIVITY ASSOCIATION, INC.
SUITE 303
4085 CHAIN BRIDGE ROAD,
FAIRFAX, VA. 00000

204236100

2. PRINCIPAL OFFICERS DO NOT LIST MORE THAN FIVE, BUT YOU MUST INCLUDE A PRESIDENT,
SECRETARY, TREASURER, AND THE TITLE OF THE REGISTERED AGENT, IF AN OFFICER.

NAME

TITLE

COMPLETE RESIDENCE ADDRESS WITH STREET NO. OR RFD

President
Secretary
Treasurer

6. STOCK NO. OF SHARES (NOT NO. OF DOLLARS)

CLASS
AND SERIES

PAR VALUE PER SHARE
OR NO PAR VALUE

AUTHORIZED

None

STAT

3. DIRECTORS (ATTACH EXTRA SHEET IF NECESSARY)

NAME

COMPLETE RESIDENCE ADDRESS WITH STREET NO. OR RFD

I DECLARE UNDER PENALTIES OF PERJURY THAT THE REG-
ISTERED AGENT, THE OFFICERS AND DIRECTORS NAMED
HAVE BEEN NOTIFIED OF THEIR APPOINTMENT AND HAVE
CONSENTED TO SERVE, AND THAT THE FACTS IN THIS REPORT
ARE TRUE AS OF

THIS 24th DAY OF February 1983

SIGNATURE: E.A.A.-4

TITLE:

(THIS REPORT)

STAT
STAT

032583

COMMONWEALTH OF VIRGINIA - STATE CORPORATION COMMISSION
ANNUAL REPORT

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4. STATE OF INCORPORATION

(IF OTHER THAN VIRGINIA, GIVE ADDRESS OF PRINCIPAL OR REGISTERED OFFICE IN THE STATE OF INCORPORATION.)

STREET

CITY, STATE-ZIP

5. CITY OR COUNTY (IN VIRGINIA) WHERE REGISTERED OFFICE
IS LOCATED.

IN VIRGINIA NO PLACE CAN BE BOTH IN A CITY AND A COUNTY. IF IN DOUBT CHECK YOUR CHARTER.

2. PRINCIPAL OFFICERS DO NOT LIST MORE THAN FIVE, BUT YOU MUST INCLUDE A PRESIDENT,
SECRETARY, TREASURER, AND THE TITLE OF THE REGISTERED AGENT, IF AN OFFICER.

NAME	TITLE	COMPLETE RESIDENCE ADDRESS WITH STREET NO. OR RFD

6. STOCK NO. OF SHARES (NOT NO. OF DOLLARS)

CLASS AND SERIES	PAR VALUE PER SHARE OR NO PAR VALUE	AUTHORIZED

3. DIRECTORS (ATTACH EXTRA SHEET IF NECESSARY)

NAME	COMPLETE RESIDENCE ADDRESS WITH STREET NO. OR RFD

I DECLARE UNDER PENALTIES OF PERJURY THAT THE REG-
ISTERED AGENT, THE OFFICERS AND DIRECTORS NAMED
HAVE BEEN NOTIFIED OF THEIR APPOINTMENT AND HAVE
CONSENTED TO SERVE, AND THAT THE FACTS IN THIS REPORT
ARE TRUE AS OF

THIS _____ DAY OF _____, 19 _____

SIGNATURE:

TITLE:

(THIS REPORT MAY BE SIGNED BY ANYONE LISTED IN NO. 2 OR NO. 3.)

032583

COMMONWEALTH OF VIRGINIA - STATE CORPORATION COMMISSION
ANNUAL REPORT INSTRUCTIONS

(FILE THIS REPORT BETWEEN JANUARY 1 AND MARCH 1)

CHECK LIST

EVERY YEAR THOUSANDS OF ANNUAL REPORTS MUST BE RETURNED FOR CORRECTION. IF THE REPORT IS RETURNED AND THE CORRECTIONS ARE NOT MADE IN THE TIME ALLOWED BY LAW, THE CORPORATION WILL AUTOMATICALLY LOSE ITS RIGHT TO CONDUCT BUSINESS IN VIRGINIA.

1. CHECK THE MINUTE BOOK FOR THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE. THEY CANNOT BE CHANGED EXCEPT BY FILING SPECIAL FORMS. DO NOT CHANGE THEM ON THIS REPORT. REQUESTS FOR SPECIAL FORM SCC 18 MAY BE OBTAINED FROM: CLERK OF THE STATE CORPORATION COMMISSION, P.O. BOX 1197, RICHMOND, VA. 23209.
2. CHECK THE STATE OF INCORPORATION.
3. CHECK THAT THIS REPORT IS SIGNED AND DATED.

A DOMESTIC CORPORATION THAT FAILS TO FILE THE ANNUAL REPORT ON TWO SUCCESSIVE ANNUAL DATES FORFEITS ITS CHARTER. A FOREIGN CORPORATION THAT FAILS TO FILE THE ANNUAL REPORT ON TWO SUCCESSIVE ANNUAL DATES FORFEITS ITS CERTIFICATE OF AUTHORITY TO DO BUSINESS IN VIRGINIA.

2.&3. OFFICERS AND DIRECTORS

ON THE ANNUAL REPORT LIST THE PRINCIPAL OFFICERS; NOT MORE THAN FIVE. LIST ALL DIRECTORS (ATTACH AN EXTRA SHEET IF NECESSARY). DIRECTORS OF NON-STOCK CORPORATIONS ARE SOMETIMES REFERRED TO AS TRUSTEES, ETC. BY WHATEVER NAME THEY ARE CALLED, THEY SHOULD BE LISTED AS DIRECTORS. THIS REPORT CAN BE SIGNED BY ANY OFFICER OR DIRECTOR LISTED ON THE REPORT.

4. STATE OF INCORPORATION

IF THE STATE OF INCORPORATION IS OTHER THAN VIRGINIA, GIVE THE FULL ADDRESS OF THE PRINCIPAL OR REGISTERED OFFICE IN THE STATE OF INCORPORATION.

6. STOCK

LIST EACH CLASS OF STOCK BEGINNING WITH THE COMMON STOCK. LIST THE MAXIMUM NUMBER OF SHARES AUTHORIZED IN THE CHARTER.

NON-STOCK CORPORATIONS

WRITE "NONE" IN THE SPACES FOR THE STATEMENT OF STOCK